

FAMILY CHILD CARE TRAINING LOG

NAME: _____

DATE	REQUIRED AREA	TRAINING DESCRIPTION	TRAINER NAME AND ORGANIZATION	HRS
	proper hand washing and sanitation techniques:			
	principles of good nutrition:			
	proper procedures in administration of medications:			
	recognizing early signs of illness and communicable disease, exclusion from program:			
	accident prevention and safety principles:			
	positive guidance for the management of children:			
	child development:			
	age appropriate activities:			
	for caregivers of infants:			
	Preventing Shaken Baby Syndrome:			
	Coping with crying babies			
	Preventing Sudden Infant Death Syndrome (SIDS)			

Date Of First Aid and CPR training _____ Date of Food Handler Permit _____